



APPLICATION FOR
CARING COMPANION PROGRAM

(All information will remain confidential and used expressly for Tri-Valley Opportunity Council, Inc.)

(Eligibility to be a Caring Companion shall not be restricted on the basis of formal education, experience, race, religion, color, national origin, sex, age, handicap, or political affiliation)

Name Last First Middle Name Telephone ()

Address Street Cell Phone ()

City State Zip Code Email Address

Birthdate: / / Age: Are you a US Veteran? Yes No

Ethnic Group: White American Indian or Alaskan Native Hispanic Black or African-American Asian

Primary Language Spoken: Secondary Language?

Why do you wish to be a Caring Companion?

Use reverse side if necessary

Previous occupations:

Special skills, hobbies, interests:

Please list any memberships/clubs/organizations you belong to:

How did you hear about the Caring Companion Program? Poster/Brochure Friend (Name)

Cable/TV Other

Have you ever been convicted of a felony? Yes No

Background Check Consent:

All potential volunteers will be subject to the Department of Human Services Criminal History Check. These checks consist of 1) National Sex Offender Public Registry 2) DHS Net Study Background Check 3). FBI Criminal History Registry (which may consist of finger-printing).

Do you consent to the Caring Companion Program performing the above 3 Criminal history checks in accordance with the DHS requirements? Yes No

Photo Identification: Please attach a photo copy of driver's license.

Minnesota Driver's License number

List 2 Character References below (not relatives)

1 Name Telephone

2 Name Telephone

I certify that, to the best of my knowledge, the information provided is correct and understand that the two character references listed above will be contacted and that I agree to have a criminal background check completed in accordance with the requirements for the Caring Companion Program. Selection into the program is contingent on criminal background and reference checks.

Signature

Date